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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/412,634 04/10/2003 PAT 7,018,406
 which is a CIP of 10/130,355 11/26/2002 PAT 6,830,584 *
 and is a CIP of PCT/FR01/03258 10/19/2001
 and said 10/130,355 11/26/2002
 is a 371 of PCT/FR00/03176 11/15/2000
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

FRANCE 00/14028 10/31/2000
 FRANCE 99/14462 11/17/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 38	TOTAL CLAIMS 78	INDEPENDENT CLAIMS 7
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ADDRESS

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TITLE

Prosthetic valve for transluminal delivery

<p>FILING FEE RECEIVED 1079</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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